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Foreign Priority claimed 35 USC 119 (a-d) conditions	yes no no		STATE OR	SHEETS	TOTAL	INDEPENDEN		
	Allowance A N O	er	COUNTRY	DRAWING	CLAIMS	CLAIMS		

105 WEST ADA SUITE 3600 CHICAGO , IL 60603	MS STREET	
TITLE Breathing assist	ance apparatus	
FILING FEE RECEIVED 1546	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:	All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)  Other  Credit